

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/504,661

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		5					56						
7		5					57						
8		7					58						
9		7					59						
10		7					60						
11		7					61						
12		7					62						
13		7					63						
14		7					64						
15		7					65						
16		7					66						
17		7					67						
18		7					68						
19		7					69						
20		7					70						
21		7					71						
22		7					72						
23		7					73						
24		7					74						
25		7					75						
26		7					76						
27		7					77						
28		7					78						
29		7					79						
30		7					80						
31		7					81						
32		7					82						
33		7					83						
34		7					84						
35		7					85						
36		7					86						
37		7					87						
38		7					88						
39		7					89						
40		7					90						
41		7					91						
42		7					92						
43		7					93						
44		7					94						
45		7					95						
46		7					96						
47		7					97						
48		7					98						
49		7					99						
50		7					100						
TOTAL IND.	1	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	10	←		←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS	11						TOTAL CLAIMS						